



## Application Data Sheet

### Application Information

Application number::	
Filing Date::	December 12, 2001
Application Type::	Utility
Subject Matter::	
Suggested Classification::	
Suggested Group Art::	
CD-ROM or CD-R?::	None
Number of CDs::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	No
Number of Copies of CRF::	
Title::	Method and Apparatus for Managing Components
Title::	In An IT System
Attorney Docket Number::	111345.122
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	15
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	No
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Jeffrey
Middle Name::	John
Family Name::	Anuszczyk
City of Residence::	Framingham
State or Province of Residence::	MA
Country of Residence::	US
Street of Mailing Address::	394 Edmands Road
City of Mailing Address::	Framingham

State or Province of Mailing Address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 01701

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: Jay  
Family Name:: Barbrow  
City of Residence:: Newton  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of Mailing Address:: 60 Halcyon Road  
City of Mailing Address:: Newton  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 02459

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Firdaus  
Middle Name::  
Family Name:: Bhathena  
City of Residence:: Andover  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of Mailing Address:: 60 William Street  
City of Mailing Address:: Andover  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 01810

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Peter  
Middle Name:: Demarest  
Family Name:: Beaman  
City of Residence:: Wellesley  
State or Province of Residence:: MA

Country of Residence:: US  
Street of Mailing Address:: 11 Lincoln Road  
City of Mailing Address:: Wellesley  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 02481

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Stanislaw  
Middle Name::  
Family Name:: Kowalczyk  
City of Residence:: Boston  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of Mailing Address:: 483 Beacon Street #16  
City of Mailing Address:: Boston  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 02115

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Blair  
Middle Name:: Francis  
Family Name:: Wheeler  
City of Residence:: Winchester  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of Mailing Address:: 9 Harrison Street  
City of Mailing Address:: Winchester  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 01890

### **Correspondence Information**

Correspondence Customer Number:: 23483

Phone Number:: 617-526-6000

Fax Number:: 617-526-5000

E-Mail Address::

**Representative Information**

Representative Customer Number:: 23483

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee Name:: Relicore, Inc.  
Street of Mailing Address:: 5 Burlington Woods Drive, Suite 201  
City of Mailing Address:: Burlington  
State of Mailing Address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 01803